

SEPARATE REPORT must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No.

Registered No.

162
609

1. PLACE OF BIRTH

County

Gila

State

Arizona

District or Township

City

Miami

or Village

P.O. Box 550 - Claypool - Ariz.

No.

20 Grover Canon

St.

Ward

2. Full name of child

Josephina Villalobos

If child is not yet named, make supplemental report, as directed.

3. Sex of Child
Female

To be answered ONLY in event of plural births.

4. Twin, triplet or other

5. No., in order of birth

6. Legitimate?

yes

7. Date

of birth

Oct. 15 - 1930
Month Day Year

8.

FATHER

Full name

Cosmo Villalobos

9. Residence

(Usual place of abode)

Miami

If non-resident, give place and state.

Arizona

10. Color or race

Mex.

11. Age at last birthday

43

(Years)

12. Birthplace (city or place)

(State or country)

Jalisco

Mex.

13. Occupation

Teaching Plant

Nature of Industry

Insp. Con. Copper Co.

14.

MOTHER

Full maiden name

Angelita Prado

15. Residence

(Usual place of abode)

Miami

If non-resident, give place and state.

Arizona

16. Color or race

Mex.

17. Age at last birthday

28

(Years)

18. Birthplace (city or place)

(State or country)

Jalisco

Mex.

19. Occupation

Nature of Industry

Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein certified and including this child.)

6

(a) Born alive and now living

6

(b) Born alive but now dead

0

(c) Stillborn

21. Were precautions taken against ophthalmia neonatorum?

yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 7:0 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature

Cyril M. Brown M.D.

(Physician or midwife.)

Given name added from a supplement report

Month, day, year

Address

Miami, Arizona

Filed

Oct 25 1930

C. E. Trim

Registrar

Registrar

152-1015-176